

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010390

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

229

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)

COLUMBIA

c. FULL NAME OF (If NOT in hospital, give location)

MISSOURI UNIVERSITY MEDICAL CENTER

d. STREET ADDRESS

Gen. Del.

Length of stay in lb

11 hrs

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE

MISSOURI

b. COUNTY

NEW MADRID

c. CITY OR TOWN

MARSTON

(If outside, give location)

NEAR HAYTIN

d. STREET ADDRESS

Gen. Del.

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

ALVA

First

Middle

Last

HAMPTON

4. DATE OF DEATH

Month

MARCH

Day

22

Year

1963

5. SEX

M

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-14-1894

9. AGE (last birthday)

69

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

TENNESSEE

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

GEORGE HAMPTON

13b. MOTHER'S MAIDEN NAME

NANCY SMITH

14. NAME OF HUSBAND OR WIFE

Mr. Helen Hampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MEDICAL RECORD

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

DUE TO (b)

Coronary Arterial Occlusion

DUE TO (c)

Arteriosclerotic Heart Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown.

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-22-63 to 3-22-63 and last saw her alive on 3-22-63

Death occurred at 10:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

22b. ADDRESS

Miss. Mrs. Mrs. Center

22c. DATE SIGNED

3-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3/25/63

23c. NAME OF CEMETERY OR CREMATORY

Pontagville Cemetery

23d. LOCATION (City, town, or county)

Pontagville, Mo.

(State)

24. FUNERAL DIRECTOR

Erman Sprinkle

ADDRESS

Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

March 24, 1963

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Lyman Sprinkle

Licensed Embalmer No.

4013

P. O. Address

Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.